WESTERN MARYLAND RAILWAY CO. 459163 PS 355

Form AA-15
Adopted August 1938

THE RAILROAD RETIREMENT BOARD, WASHINGTON, D. C.

READ INSTRUCTIONS BEFORE FILLING OUT THIS FORM

Do not write in this space

EMPLOYEE'S STATEMENT OF COMPENSATED SERVICE RENDERED PRIOR TO JANUARY 1, 1937, TO EMPLOYERS UNDER THE RAILROAD RETIREMENT ACT OF 1937.

RECEIVED MAY 20 1941

This statement is not an application for an annuity but will be preserved for use in connection with annuity applications based in whole or in part on service prior to January 1, 1937. Under the Railroad Retirement Act of 1937 service prior to January 1, 1937, can be credited toward an annuity only for individuals *who on August 29, 1935*, were in the active compensated service of or in an employment relation to an employer under that Act. *Only such individuals should fill out this form.* Individuals who have already provided the Board with a record of service prior to January 1, 1937, need not fill out this form.

1. Social Security Account No. 705 - 10 - 7709

2. Name Stanley (PRINT) (First) Gerant (Middle) Robertson (Last) 3. Race White

Address 10 Lyon (Street and number) Ridgely (Town or city) Mineral (County) West Virginia (State) 4. Sex Male (Male or female)

5. Date of birth 6 (Month) 19 (Day) 1900 (Year) 6. Place of birth Keifers (PRINT) (Town or city) Allegany (County) Maryland (State)

7. Father's Charles (First name) Nathan (Middle name) Robertson (Last name) Mother's Viola (First name) ------ (Middle name) Northcroft (Maiden last name)

8. Were you on August 29, 1935, in the active compensated service of an employer under the Act? Yes (Yes or no) If not, were you on August 29, 1935: on furlough and ready and willing to serve? No (Yes or no); on leave of absence? No (Yes or no); or absent on account of sickness or disability? No (Yes or no)

9. Statement of service prior to January 1, 1937, for all employers under the Act. (Use a separate *block* for each employer. Start with a new *line* of entries within the block only when your occupation changed, or your location changed, or when you resumed service after a break of three calendar months or more. If you need more blocks use the back of this form.)

(a) Western Maryland Railway Company (Name of employer under the Act) S. G. Robertson (Your pay-roll name)

Occupation	Date Began		Date Ended		Department	Location or Division
	Month	Year	Month	Year		
Trackman	10	1915	3	1922	Maintenance of Way	Hagerstown

(b) Dickson Construction & Repair Company (Name of employer under the Act) S. G. Robertson (Your pay-roll name)

Occupation	Date Began		Date Ended		Department	Location or Division
	Month	Year	Month	Year		
Trackman	3	1922	5	1922	Maintenance of Way	Hagerstown
Maintainer	5	1922	2	1934	Signal	Elkins

(Additional blocks are provided on the back of this form) 16—7468

Date 11 (Month) 5 (Day), 1938 (Year) (Signed) S. G. Robertson (Sign in ink or indelible pencil—do not print)

(c) Western Maryland Railway Company (Name of employer under the Act) — S. G. Robertson (Your pay-roll name)

Occupation	Date Began		Date Ended		Department	Location or Division
	Month	Year	Month	Year		
Maintainer	2	1934	10	1938	Signal	Elkins
Foreman	10	1938	Not	Ended	Signal	Elkins

(d) ..... (Name of employer under the Act) ..... (Your pay-roll name)

Occupation	Date Began		Date Ended		Department	Location or Division
	Month	Year	Month	Year		

(e) ..... (Name of employer under the Act) ..... (Your pay-roll name)

Occupation	Date Began		Date Ended		Department	Location or Division
	Month	Year	Month	Year		

(f) ..... (Name of employer under the Act) ..... (Your pay-roll name)

Occupation	Date Began		Date Ended		Department	Location or Division
	Month	Year	Month	Year		

Remarks .....

Form AA-2 P
RAILROAD RETIREMENT BOARD
(Revised October 1938)

8816

SOCIAL SECURITY ACCOUNT No. 705 | 10 | 7709

OE

RECEIVED MAY 20 1941 EMPLOYER MAIL REGISTERS SECTION

Sheet No. 1 of 1 R. R. B. No.

RECORD OF EMPLOYEE'S PRIOR SERVICE

Section 1.—IDENTIFICATION

Concerning prior service claimed under the Railroad Retirement Act by—

Robertson	Stanley	Gerant
(Last name)	(First name)	(Middle name)

10 Lyon	Ridgely	Mineral	West Virginia
(Street and number)	(Post office)	(County)	(State)

who states that he served with the employer or its predecessor as shown in section 2 herein.

Section 2.—EMPLOYEE'S CLAIMED SERVICE

WESTERN MARYLAND RAILWAY CO.
(Name of employer)

Name on pay roll Robertson (Last name) S. (First name) G. (Middle name)

	Name of Employer if Not Same as Above	Occupation	Date Began (Month, year)	Date Ended (Month, year)	Department	Location or Division
1	WM Ry. Co.	Trackman	10-15	3-22	M of W	Hagerstown, Md.
2	Dick. Constr.& Rpr.Co.	"	3-22	5-22	"	"
3	"	Maintainer	5-22	2-34	Signal	Elkins, W. Va.
4	WM Ry. Co.	"	2-34	10-38	"	"
5	"	Foreman	10-38		"	"
6						
7						
8						

459162

PS 355

Section 3.—BIRTH DATA

Employer's records indicate the employee was born at—

No Record (City) (County, parish, or other civil division) (State or country)

on No Record (Month) (Day) (Year), which has (has not) been verified, and that such date of birth was entered on records of the employer during the year of

Section 4.—STATUS AUGUST 29, 1935

Was the employee in compensated service on August 29, 1935? Yes (Yes or No) If the answer is "No" the employer with whom service is claimed on August 29, 1935, will complete and attach form ERR-8.

Section 5.—PERSONNEL RECORD

	Occupation	Department or Division	From— Month	From— Year	To— Month	To— Year
1	No Personnel Record					
2						
3						
4						
5						
6						
7						
8						

Section 6.—SERVICE RECORD

Employer records indicate the employee named herein received compensation in each of the months marked "C" in the following table, that his name did not appear on the pay roll or other detailed compensation records in the months marked "X," and that records for months marked "M" are not available:

		1936	1935	1934	1933	1932	1923	1922	1921	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911	1910	1909
Jan.		C	C	C	C	C	C	C	C	C	C	C	C	C							
Feb.		C	C	C	C	C	C	C	C	C	C	C	C	C							
Mar.		C	C	C	C	C	C	C	C	C	C	C	C	C							
April		C	C	C	C	C	C	X	C	C	C	C	C	C							
May		C	C	C	C	C	C	C	C	C	C	C	C	C							
June		C	C	C	C	C	C	C	C	C	C	C	C	C							
July		C	C	C	C	C	C	C	C	C	C	C	C	C							
Aug.		C	C	C	C	C	C	C	C	C	C	C	C	C							
Sept.		C	C	C	C	C	C	C	C	C	C	C	C	C							
Oct.		C	C	C	C	C	C	C	C	C	C	C	C	C	X						
Nov.		C	C	C	C	C	C	C	C	C	C	C	C	C	C						
Dec.		C	C	C	C	C	C	C	C	C	C	C	C	C	C						
Total																					

	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889
Jan.																				
Feb.																				
Mar.																				
April																				
May																				
June																				
July																				
Aug.																				
Sept.																				
Oct.																				
Nov.																				
Dec.																				
Total																				

Special Instructions for August and September 1935.—Check pay roll for second half of August 1935; if name is **not** found on this pay roll, check pay roll for **first** half of August. Check pay roll for **first** half of September 1935; if name is **not** found on this pay roll, check pay roll for **second** half of September. Do not make an entry in more than one block for each of the two months.

Note.—(*a*) Line out spaces for all months for which entries have not been made.
(*b*) Only 30 service years are required for verification.

16—18434

Section 7.—COMPENSATION AND OCCUPATION

Employer records indicate the employee named herein earned the amounts shown in the following table in the pay roll periods indicated, that his name did not appear on the pay roll or other detailed compensation record in the periods marked "X," and that records for periods marked "M" are not available:

Name on pay roll Robertson (Last name) S. (First name) G. (Middle name)

	COMPENSATION								OCCUPATION	
	1931	1930	1929	1928	1927	1926	1925	1924	Year	Title on Pay Roll
Jan.	72 50	72 50	72 50	72 50	X X	33 30	70 00	70 00	1st 1931	Maintainer
	72 50	72 50	72 50	72 50	X X	36 90	70 00	70 00	2d	
Feb.	72 50	72 50	72 50	72 50	25 50	38 45	70 00	70 00	1st 1931	
	72 50	72 50	72 50	72 50	32 40	35 75	70 00	70 00	2d	
Mar.	72 50	72 50	72 50	72 50	33 30	44 82	70 00	70 00	1st 1930	"
	72 50	72 50	72 50	72 50	39 30	24 84	70 00	70 00	2d	"
Apr.	72 50	72 50	72 50	72 50	30 30	55 00	70 00	70 00	1st 1929	"
	72 50	72 50	72 50	72 50	33 30	60 00	70 00	70 00	2d	"
May	72 50	72 50	72 50	72 50	27 30	70 00	70 00	70 00	1st 1928	"
	72 50	72 50	72 50	72 50	24 00	70 00	70 00	70 00	2d	"
June	72 50	72 50	72 50	72 50	42 00	70 00	70 00	70 00	1st 1927	"
	72 50	72 50	72 50	72 50	14 66	70 00	70 00	70 00	2d	"
July	72 50	72 50	72 50	72 50	55 00	70 00	70 00	70 00	1st 1926	"
	72 50	72 50	72 50	72 50	55 00	70 00	70 00	70 00	2d	"
Aug.	72 50	72 50	72 50	72 50	55 00	70 00	X X	70 00	1st 1925	Trackman
	72 50	72 50	72 50	72 50	59 83	70 00	X X	70 00	2d	
Sept.	72 50	72 50	72 50	72 50	55 00	70 00	X X	70 00	1st 1924	Maintainer
	72 50	72 50	72 50	72 50	55 00	9 33	X X	70 00	2d	
Oct.	72 50	72 50	72 50	72 50	70 00	X X	X X	70 00	1st 1923	Maintainer
	72 50	72 50	72 50	72 50	70 00	X X	X X	70 00	2d	"
Nov.	72 50	72 50	72 50	72 50	70 00	X X	17 10	70 00	1st 1922	"
	72 50	72 50	72 50	72 50	70 00	X X	36 60	70 00	2d	
Dec.	72 50	72 50	72 50	72 50	70 00	X X	23 40	70 00	1st 1921	"
	72 50	72 50	72 50	72 50	72 50	X X	32 40	70 00	2d	Trackman
Total	1744 00	870 00							1st 1924	Maintainer
	✓	✓							2d	"

NOTES.—(a) Line out spaces for all months for which entries have not been made.
(b) Enter occupation for the first pay-roll period in each half year on which the employee's name is found.

24 46 — 1458

Section 8.—COMPUTATIONS

(For use of Railroad Retirement Board only)

	Number of Months	Net compensation
1-1-24 to 12-31-31	18	$ 2610
Other service prior to 1-1-37		

C M A

Computer dlo Reviewer Posted - 2-1-68 JL

Section 9.—ADDITIONAL INFORMATION

Section 6 and 7 from Pay Rolls, Salary Cards and Relief Department Records.

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Section 10.—CERTIFICATION

All information or data reported on this form in sections 3, 4, 5, 6, 7, and 9, are furnished at the request of the Railroad Retirement Board for official use and are correct to the best of my knowledge and belief. No alterations, interlineations, or erasures appear in this report except as noted above under "*Additional information,*" or as initialed by me.

E. J. Steffy
(Signature)

Date 5-19-41

Ass't to General Auditor
(Title)

NOTE.—The official concerned shall date and sign as to the correctness of all entries.

Section 11.—EXCERPTS FROM RAILROAD RETIREMENT ACT OF 1937

Section 10 (*b*) (part). "* * * The Board shall have power to require all employers and employees and any officer, board, commission, or other agency of the United States to furnish such information and records as shall be necessary for the administration of such Acts * * *."

Section 13. "Any officer or agent of an employer, as the word 'employer' is hereinbefore defined, or any employee acting in his own behalf, or any individual whether or not of the character hereinbefore defined, who shall willfully fail or refuse to make any report or furnish any information required, in accordance with the provisions of section 10 (*b*) 4, by the Board in the administration of this Act or the Railroad Retirement Act of 1935, or who shall knowingly make or cause to be made any false or fraudulent statement or report when a statement or report is required to be made for the purpose of such Acts, or who shall knowingly make or aid in making any false or fraudulent statement or claim for the purpose of causing an award or payment under such Acts, shall be punished by a fine of not more than $10,000 or by imprisonment not exceeding 1 year."

U. S. GOVERNMENT PRINTING OFFICE 16—18434

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NO  220-16-5806 06  940                                  0129    00361    52672    X

ACCOUNT  NOP 01  PIAC $ 61.00  FMAX $ 91.50  SR FW                          PCOC 2
         LMU 01  PIAP $   .00

PAYMENT  PIC A   MPA  $ 46.60  NOB 01  DOC       SCC 51280  CURR PAY

         BERTIE A ROBERTSON       39 BLOCHER ST BX 66        CAD  03/66
         RIDGELEY W VA    26753                                    F/LLOA 2-3

BENEFIT  BIC A   BERTIE      A ROBERTSON       DOB 07/17/97  DOEC 07/59  ORIG
         LAF C  MBP $ 46.60  A  D 11/60

MED INS  EP I  HIFL   /   ENT 07/66   SMFL   /   ENT 07/66
         OP-Y BY-I BC-000 BD-  /   AC-$3.00 DA-$  .00

HISTORY  01/62 $ 45.60  01       01/65 $ 49.60  01
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FOR OVED
BUDGET BUREAU NO. 70-R303

FORM AA-101
(1-66)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

APPLICATION TO ESTABLISH EMPLOYEE'S ELIGIBILITY FOR HOSPITAL INSURANCE BENEFITS

RRB Claim No.

SSA No. 705-10-7709

Field Office No. 3 1 1

Officially Filed . . . . . MO. 0 3 DAY 1 0 YR. 6 6

By Herbert L. Helsel

1. Print APPLICANT'S NAME (FIRST, MIDDLE, LAST): STANLEY G ROBERTSON

2. (a) Have you ever filed an application for benefits under the Social Security Act? . . . . . YES [ ] NO [X]

If "YES," give the kind of benefit:

and the status of the application: (1) AWARDED [ ] (2) DENIED [ ] (3) PENDING [ ]

(b) If your claim for social security benefits is based on another person's earnings record, give his

name: and SSA No.

3. Date of your birth . . . . . MO. 0 6 DAY 1 9 YR. 0 0

4. Place of your birth (CITY, COUNTY, AND STATE OR FOREIGN COUNTRY)
Oldtown Allegany Md

5. Sex . . . . . MALE [X] FEMALE [ ]

Print your *MAIDEN* surname if female:

6. Your father's name (FIRST, MIDDLE, LAST)
Charles Victor Robertson

7. Your mother's *MAIDEN* name (FIRST, MIDDLE, LAST)
Viola Mildred Northcraft

ANSWER QUESTIONS 8, 9 AND 10 ONLY IF YOUR LAST FORM BA-6 SHOWED LESS THAN 120 MONTHS OF RAILROAD SERVICE AFTER 1936

8. Do you claim credit for service in the railroad industry before 1937? . . . . . YES [ ] NO [ ]

9. Do you claim credit for active military service in the Armed Forces of the United States? . . . . . YES [ ] NO [ ]

If "YES," give the branch of service and the inclusive dates of each period of military service:

BRANCH OF SERVICE FROM TO

BRANCH OF SERVICE FROM TO

10. Are you still working in the railroad industry? . . . . . YES [ ] NO [ ]

If "NO," give the date you stopped:

ANSWER QUESTION 11 ONLY IF YOU ARE MARRIED

11. (a) Date of your present marriage . . . . . MO. 03 DAY 01 YR. 21

(b) Wife's maiden name or husband's name (FIRST, MIDDLE, LAST):

Bertie Virginia Amick

(c) Wife's (*OR* husband's) date of birth . . . . . MO. 07 DAY 17 YR. 97

(d) Was your present marriage performed by a clergyman or authorized public official? . . . . . YES X / NO

(e) Were you married before your present marriage? . . . . . YES / NO X

If "YES," give the following information about each of your previous marriages.

PREVIOUS MARRIAGE(S)		TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE ANNULMENT)	MARRIAGE ENDED	
DATE	CITY AND STATE			DATE	CITY AND STATE

REQUEST FOR ENROLLMENT IN SUPPLEMENTARY MEDICAL INSURANCE PLAN

12. In addition to applying for coverage under the BASIC HOSPITAL INSURANCE plan, you can also elect to enroll in a SUPPLEMENTARY MEDICAL INSURANCE plan. Subject to the limitations of law, this supplementary plan provides payments for physicians' services and certain other medical expenses not covered by the basic plan.
Do you wish to enroll in the SUPPLEMENTARY MEDICAL INSURANCE plan? . . . . . YES X / NO

1 30
2 30
NO. ANS. 3 30

I understand that if I enroll in this supplementary plan, I will be required to make premium payments.

CERTIFICATION: KNOWING THAT ANYONE WHO MAKES ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER FEDERAL LAW IS COMMITTING A CRIME PUNISHABLE UNDER FEDERAL LAW, I CERTIFY THAT THE DATA I FURNISHED IS CORRECT.

SIGNATURE OF APPLICANT × Stanley Lt Robertson

43

		ST. & NO. 44-80
STREET ADDRESS	39 BLOCKER ST	03 1-2
CITY, STATE, & ZIP CODE	RIDGELEY WV 26753	CITY, STATE & ZIP CODE 23-52

NOTE: If this application is signed by mark (X), two witnesses, who know the applicant, or a Board representative must sign below.

1. NAME

2. NAME

COUNTY: Mineral

TELEPHONE NUMBER: 738-9656

Remarks:

AA-101 (1-66)

H IB

RB FORM G-230 (9-64)

CHECK LIST FOR EMPLOYEE AND SPOUSE ANNUITY APPLICATIONS

TO D/O:	RRB CLAIM NO.	CARD NO. (1-2) 01
DATE	SSA NO. (3-11) 705-10-7709	SORT CODE (12) 0

APPLICATION DEVELOPED	EMPLOYEE(13)	SPOUSE(14)
Personally from applicant	[X] 1	[ ] 1
Via mail from applicant	[ ] 2	[ ] 2
Received from employer	[ ] 3	[ ] 3

NAME AND ADDRESS OF EMPLOYEE AND SPOUSE

Stanley G Robertson
39 Blocker St
Ridgeley W Va 26753

TELEPHONE NO. 738-9656

D/O	DATE	TYPE CODE (20-22)
Altoona Pa	03-10-66	00

SECTION A — Forms and Documents Required

	REQUIRED	2 ATT.	3 PREV.	3 SUB.	4 TO BE	4 SUB.		REQUIRED	2 ATT.	3 PREV.	3 SUB.	4 TO BE	4 SUB.
X	AA-101	X						AA-1d					
	G-175a							G-176a					
X	POA 900		X					POA 900					
	POM/S							POM/S					
	AA-15							AA-15					
	G-88							G-88					
	G-88a (set) 941							G-88a (set) 941					
	G-88b 949							G-88b 949					
	G-88c 942							G-88c 942					
	RR-4 (Emp.)							G-3 EMP					
	AA-3							G-250					
	AA-3a							G-250x-G-3x					
	POA 901							G-271					
	POM 904							RL-11					
	G-346 930							RL-11b					
	RR-4 951 (Sp.)							RL-12 or RL-12b					
	G-181a							Specify M/E					
	G-318							G-318					
	G-319							G-319					
	POA/POR Child(ren)'s 902							POA/POR Child(ren)'s 902					

SECTION B — Form G-88a Data

NAME OF RAILROAD	NAME & TITLE OF RR OFFICIAL
LOCATION	
DATE LAST WORKED	DATE G-88A RELEASED

OCCUPATION	LOCATION	DATE G-88A TRACED

REMARKS: (Also use this block to record information about any pending medical evidence)

Wife filed for Medicare with SSA

G-230 (9-6

FORM G-37g (3-64)

EST TO RRB FIELD OFFICE

Date 3/28/66

(TO AVOID MISROUTING TO REGIONAL OFFICE, SHOW LAST NAME OF MANAGER ABOVE "RRB" ON MESSAGE TO F/O IN ATLANTA, NEW YORK, CLEVELAND, KANSAS CITY, AND SAN FRANCISCO)

NLEY G. ROBERTSON

SSA No. 705-10-7709

RRB No.

AA-15 NIF. SECURE.

POA NIF. DOB 06-19-00 . SECURE.

POM NIF. DOM . SECURE.

POR NIF. SECURE.

ITEM OF INCOMPLETE. CLARIFY.

MONTHS VERIFIED. SECURE G-108.

DITION TO ABOVE MESSAGE.)

RC ☒ RC 232

NIT	EXT.	FROM:
C/	401	TORBOSS-H/B RRB CHICAGO

G-37g (3-64)

RRB FORM G-354a (12-64)
EMPLOYEE - SPOUSE DETERMINATION OF AWARD OR RECORD PRINTOUT

ADMIN. VOUCHER | SSA NO. (1): 705-10-7709 | RRB NO. (2): A-999999 | SECT. OF ACT 2(A): HIB

EMPLOYEE DATA

NAME (14) ADDRESS (22) CITY STATE ZIP CODE (30) | REP PAY

STANLEY G ROBERTSON
39 BLOCKER ST
RIDGELEY W VA 26753

PAYMENT SUMMARY (95-104)

	MO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CURR. PAY					
PREV.					

BUSI RECOVERY | REGION | AMOUNT .00

FINAL	PART	RECERT	DATE FILED (3)	VER. DOB. (15)	DOC WT.	EXAM. NO. (42)
			03-10-66	06-19-00	19	10000

CRED. PS. MOS. (50)	PIA (51)	TOTAL SS G-79 (58)	MOS. REDUCED TO	AMC, SS MOS. (91)	RR MIN. CODE (91)
000		277	/180		

SERVICE (92) YEARS	MOS.	ASD (92)	RRA MIN. (23)	AMC (93)
	12			

ANNUITY (24) NORMAL	NET	FACTOR	OPTIONAL AMC	C/C

SPOUSE DATA

NAME (167) ADDRESS (195) CITY STATE ZIP CODE (203) | REP PAY

PAYMENT SUMMARY (220-226)

	MO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CURR. PAY					
PREV.					

FINAL	PARTIAL	RECERT	VER. DOB. (175)	DOC WT. (175)

SECT. OF ACT	FILE DATE (161)	SSA NO. (162)	EXAM NO. (167)	PIA (172)
2				

MOS. REDUCED (217)	ASD (217)	ANNUITY (219) NORMAL	NET
/180			

TYPE (2) CODE	HOH FILED (3)	F.O. NO. (7)	EXP. DATE (8)	DESIG. ABD (4)	SEP. 65 (6)	PREV. APP (4) RRB	PREV. APP (4) SSA	DOB (5)	SEX (5)	MAR. STAT. (6)	DOM (6)	HOH (6) SP. FLD.	SPOUSE DOB (7)
101	0	311					NO	06-19-00	M	0		0	

CHILDREN (7) MIN.	DIS.	TOT.	DEP. (7) HUSBAND	RAILS. SEP (46)	DLW LAST EMP. (46)	RAR 2ND (5)	DLW 2ND EMP. (9)	R/R (115)	DATE R/R LAST EMP. (115)	DATE R/R 2ND EMP. (111)	OUT EMP. (113)	OUT 12 (111)	R/R Ret Emp. (111)
		0		0000	00-00-00				00-00-00				

DLW. OUT EMP. (12)	MILITARY SERVICE (13) END 6-63	SEP. 37	ACT. SER.	APT 26	SSN REP PAY (13)	SSA NO. OTH. CLM. FLD. (36)	(37) S/S ASSUMED	PREV. RRB CLM. NO. (37)

G-86 DATE (42)	DATE PEND. FILE (43)	DATE PD. ON DUMPED	CODE NAME (57)	MAIDEN NAME (58)	PS AVER. (67)	PS METH.	PS SEQ.	HIST LST. YR. TO (67)	LAST YR. TO (67)	CAS1 (62)	WAGES (62)
	03-22-66	04-18-66	SROBE		.00			7777	7777		YES

MAIL AS (62)	TEX. FILE (62)	VA. 722 DATA (63)	LAST MO. G-79 REP.	K SSI (104)	CUT SAL. (64)	CUT BACK COMP.	LST. YR. (65)	LST. DAY	AQ (65)	LAST BAR (65)	AQ (65)	S/S (66) 1965	S/S COMP. 1966 (66)	NO. G-79 (67)
	T	5020.47	12-64	0			030			1317	A	061	11080.18	

SER 5 COMP. AFTER 1965 (71)

YR.	SM.	COMP.	YR.	SM.	COMP.
47	12	2741.44	57	12	4183.44
48	12	3007.44	58	12	4182.53
49	12	3065.44	59	12	4514.78
50	12	3271.44	60	12	4800.00
51	12	3448.44	61	12	4715.36
52	12	3550.44	62	12	4283.68
53	12	3540.44	63	12	4900.00
54	12	3781.44	64	12	5328.45
55	12	4040.44	65		.00
56	12	4174.44	66		.00
		TOTAL 277			82609.82

CALL UP TABLE (44)

999	9	999998	
999	9	999998	
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999	9	999998	
999	9	999998	
999	9	999998	
999	9	999998	
999	9	999998	
999	9	999998	
999	9	999998	
999	9	999998	

SWE 1 (53)	GROSS COMP. 53 (67)	PIA (56) TO PIA	YR. COMP. LST. REP.	S/S 65 (68)	YR. 65 G-79 (63)
1100000000	4800.00	0000	64	000	00
SWE 2 (39)	S/S COMP. (63) THRU 65	TOTAL S/S COMP. (70)	TOT. SER. (91)	TOT. S/S (91)	
0000000110		82609.82	000		
SWE 3 (40)	VER. LAG. (105)	EST. DLW RR (105)	EST. LAG. COMP. (106)	BAY LAST EMP. (107)	
0000000000					
SWE 4 (41)	DLW LAST EMP. (107)	DATE R/R LAST EMP. (108)	AQ (109)	YR. (109)	MOS. (109)
E TICK (42)		06-17-66	9		
REP. PAY	O/M	LAG.	LAG. COMP. 1 (109)	YR. (110)	MOS. (110)
0	0	0			

LAG. COMP. 2 (111)	ST. DATE VAC.-BP1 (113)	END. DATE VAC.-BP1 (114)	BP OR VAC. (114)	$400 LST. MO.	AMT. BP-VAC. 1 (115)	ERN. LST. (115) MO. UNDER $400	ST. DATE VAC.-BP2 (116)	END. DATE VAC.-BP2 (117)	BP OR VAC. (117)	AMT. BP-VAC. 2 (118)

BAY LAST EMP. (119)	DLW LAST EMP. (119)	DATE R/R LAST EMP. (120)	AQ (121)	YR. (121)	MOS. (121)	LAG. COMP 1 (121)	YR. (122)	MOS. (122)	LAG. COMP. 2 (122)	YR. (123)	MOS. (123)	LAG. COMP 3 (123)

ST. DATE (125) VAC.-BP1	END. DATE (126) VAC.-BP1	BP OR VAC. (126)	$400 LST. MO.	AMT. BP-VAC. 1 (127)	ERN. LST. MO. (127) UNDER $400	ST. DATE VAC.-BP2 (128)	END. DATE VAC. BP2 (129)	BP OR VAC. (129)	AMT. BP-VAC. 2 (130)	ICC1 (131)	MUL. CODE

YR. (131)	ICC2 (132)	MUL. CODE	YR. (132)	ICC3 (133)	MUL. CODE	YR. (133)	ICC4 (134)	MUL. CODE	YR. (134)	ICC5 (135)	MUL. CODE	YR. (135)	RATE CODE (136)	EFF. DATE DLS. (136)	RATE DATE (137)	DIAG. CODE (138)

FD. NO. (155)	PREV. RRB CLAIM NO. (163)	DOB (164)	(164) SEX	TYPE CODE	DOM (165)	PREV. MAR.	(165) LIVE TOGET.	MINOR CHILD	(166) DIS. CHILD	DOB YOUNG. (166)	DOB OLDEST (167)	RR EMP. (169)

DLW RR (169)	(169) NON RR EMP.	DLW NON RR (169)	HOLD RIGHTS (169)	SE 12	STILL SE	MS AFT. 9 79 (170)	ASD SEP. 65	EAR. ABD (170)	DESIGN. ABD (170)	(171) FILED EXH. SSA SEN. 07

SSA AD. OTHER CLAIM FILED (171)	DATE S-88 SIGNED	VER. DOB YOUNGEST (176)	DOC. WT.	VER. DOB OLDEST (177)	DOC. WT.	DATE PEND. FILE (178)	DATE PD. OR DUMPED (178)	SMS 1 (182)

SMS 2 (183)	SMS 3 (184)	CODE NAME (185)	MAIDEN NAME (185)	(224) DUE PAYMENT	(173) TYPE OTHER BEN.	(173) BEG. DATE SSA BEN.

AMT. CUR. SSA BEN. (178)	CUR. WIB BEGIN. DATE (174)	AMT. WID (174)	INIT. BEGIN. DATE SSA BEN. (230)	INIT. AMT. REA BEN. (230)	INIT. BEGIN. DATE WIB (231)	INIT. AMT. WIB (231)

REMARKS (REASON FOR PRINTOUT) HIB ENTITLEMENT
HIB DISPOSITION REQUIRED FROM HQ
EMPLOYEE SMIB ELECTION YES
EMPLOYEE ENTITLEMENT DATE HIB 07-01-66 SMIB 07-01-66

DATE 04-18-66

GRAPHIC CONTROLS CORP. BUFFALO, NEW YORK 14213

3 2 4 R I & B

RRB FORM G-230 (9-64)

CHECK LIST FOR EMPLOYEE AND SPOUSE ANNUITY APPLICATIONS

TO D/O:	RRB CLAIM NO.	CARD NO. (1-2) 01
DATE	SSA NO. (3-11) 705-10-7709	SORT CODE (12) 0

APPLICATION DEVELOPED — EMPLOYEE(13) — SPOUSE(14)

	EMPLOYEE(13)	SPOUSE(14)
Personally from applicant	☐ 1	☐ 1
Via mail from applicant	☐ 2	☐ 2
Received from employer	☐ 3	☐ 3

NAME AND ADDRESS OF EMPLOYEE AND SPOUSE

Stanley G Robertson
39 Blocker St
Ridgeley W Va 26753

TELEPHONE NO. 738-9656

D/O	DATE	TYPE CODE (20-22)
Altoona Pa	04-11-66	00

SECTION A — Forms and Documents Required

REQUIRED		2 ATT.	3 PREV.	3 SUB.	4 TO BE	4 SUB.	REQUIRED		2 ATT.	3 PREV.	3 SUB.	4 TO BE	4 SUB.
x	AA-101		x					AA-1d					
	G-175a							G-176a					
x	POA 900	x						POA 900					
	POM/S							POM/S					
	AA-15							AA-15					
	G-88							G-88					
	G-88a (set) 941							G-88a (set) 941					
	G-88b 949							G-88b 949					
	G-88c 942							G-88c 942					
	RR-4 (Emp.)							G-3 EMP					
	AA-3							G-250					
	AA-3a							G-250x-G-3x					
	POA 901							G-271					
	POM 904							RL-11					
	G-346 930							RL-11b					
	RR-4 951 (Sp.)							RL-12 or RL-12b					
	G-181a							Specify M/E					
	G-318							G-318					
	G-319							G-319					
	POA/POR Child(ren)'s 902							POA/POR Child(ren)'s 902					

SECTION B — Form G-88a Data

NAME OF RAILROAD	NAME & TITLE OF RR OFFICIAL
LOCATION	
DATE LAST WORKED	DATE G-88A RELEASED

OCCUPATION	LOCATION	DATE G-88A TRACED

REMARKS: (Also use this block to record information about any pending medical evidence)

Submitted in reference to Telegram from RC-2322 on 03-29-66.

Employee was called into our Cumberland Itinerant Office and Failed to Report. He was contacted by telephone and stated he was not going to submit P/A that we should have requested it when he filed AA-101. AA-101 had been given to son to take home for his signature. We are attaching P/A on G-91 made from Employer's Record. It may be you already have other evidence from employer in file. If this is not acceptable please advise and we will obtain other P/A

G-230 (9-64)

B24 Ri-Kk FILE ONLY

RRB FORM G-91 (11-64)

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1 A: FILE NAME OF EMPLOYEE OR EMPLOYEE APPLICANT: STANLEY G ROBERTSON

B: FILE NAME OF APPLICANT

FILE ONLY

2 LAT	3 CARD NO.	1 2	4 SSA NO. 3 11	5 SORT CODE	12	6 RRB CLAIM NO. 13 19
04-11-66		0 1	7 0 5 1 0 7 7 0 9		3	

7 DOCUMENTS ESTABLISH: *("X" applicable boxes)*

TYPE CODE (COLS. 20-22) 9 0 0

		CODE	COLS.			CODE	COLS.
PROOF OF AGE OF EMPLOYEE	X	0	23	PROOF OF MARRIAGE		4	27
PROOF OF AGE OF SPOUSE OR WIDOW(ER)		1	24	PROOF OF RELATIONSHIP		5	28
PROOF OF AGE OF CHILD		2	25	PROOF OF MILITARY SERVICE		6	29
PROOF OF AGE OF PARENT		3	26	PROOF OF DEATH		7	30

A. BIRTH, MARRIAGE, AND RELATIONSHIP

8 EMPLOYEE NAME: Stanley G Robertson

9 DATE OF BIRTH: 31 MO. DAY YR. 36: 0 6 1 9 0 0 — AGE

10 DATE RECORD MADE: MO. DAY YR.: 0 8 0 6 4 6 — 11 WEIGHT OF RECORD 37 38: 1 9

12 A: IS NAME ON PROOF THE SAME AS THE NAME CLAIMED BY EMPLOYEE? [X] YES [ ] NO

B: IF NO, CAN NAMES BE RECONCILED WITHOUT AFFIDAVITS? [ ] YES [ ] NO

C: IF ITEM B IS ANSWERED "NO," ATTACH AFFIDAVITS.

13 SPOUSE OR WIDOW(ER) NAME

14 DATE OF BIRTH: 44 MO. DAY YR. 49 — AGE

15 DATE RECORD MADE: MO. DAY YR. — 16 WEIGHT OF RECORD 50 51

17 A: IS NAME ON PROOF THE SAME AS THE NAME CLAIMED BY APPLICANT? [ ] YES [ ] NO

B: IF NO, CAN NAMES BE RECONCILED WITHOUT AFFIDAVITS? [ ] YES [ ] NO

C: IF ITEM B IS ANSWERED "NO," ATTACH AFFIDAVITS.

18 CHILD, PARENT, OR OTHER NAME

19 DATE OF BIRTH: 52 MO. DAY YR. 57 — AGE

20 DATE RECORD MADE: MO. DAY YR. — 21 WEIGHT OF RECORD 58 59

22 A: IS NAME ON PROOF THE SAME AS THE NAME CLAIMED BY APPLICANT? [ ] YES [ ] NO

B: IF NO, CAN NAMES BE RECONCILED WITHOUT AFFIDAVITS? [ ] YES [ ] NO

C: IF ITEM B IS ANSWERED "NO," ATTACH AFFIDAVITS

23 PLACE OF MARRIAGE (CITY AND STATE)

24 DATE OF MARRIAGE: 60 MO. DAY YR. 65

25 NAME OF FATHER

26 MOTHER'S MAIDEN NAME

B. MILITARY SERVICE

27 NAME OF PERSON AS SHOWN ON EVIDENCE

28 DATE OF BIRTH OR AGE

29 DATE BIRTH OR AGE RECORDED

30 RANK

31 BRANCH (ARMY, NAVY, ETC)

32 SERIAL NO.

33 DATE ENLISTED OR INDUCTED

34 DATE ENTERED ACTIVE DUTY

35 DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY

36 MEANS OF ENTRY INTO SERVICE: [ ] INDUCTED [ ] CALLED FROM INACTIVE DUTY [ ] ENLISTED [ ] RE-ENLISTED [ ] COMMISSIONED

37 CHARACTER OF DISCHARGE

38 KIND OF DOCUMENT

C. DEATH

39 NAME OF DECEASED AS SHOWN ON EVIDENCE

40 DATE OF DEATH

41 PLACE OF DEATH (CITY AND STATE)

42 KIND OF DOCUMENT [ ] DEATH CERTIFICATE

D. WEIGHT COMPUTATION AND INSTRUCTIONS

43 TYPE OF DOCUMENT ("X" applicable box)	VALUE
☐ Civil Record of Birth ☐ Church Record of Birth or Baptism ☐ Notification of Registration of Birth ☐ Hospital Birth Record or Certificate	30
☐ Physician's or Midwife's Birth Record ☐ Bible or other Family Record	25
☐ Naturalization Record ☐ Military Record ☐ Immigration Record ☐ Passport	20
☐ School Record ☐ Vaccination Record ☐ Insurance Record	15
☐ Labor Union or Fraternal Record ☒ Employer's record ☐ Marriage Record ☐ Census or Draft Registration Record	10
☐ Other Records Not Classified Above *(Specify)*	5

AGE OF DOCUMENT ("X" applicable box)	VALUE
☐ Record made within 1 year of date of birth	24
☐ Record made 1 through 10 years after date of birth	21
☐ Record made 11 through 20 years after date of birth	18
☐ Record made 21 through 30 years after date of birth	15
☐ Record made 31 through 40 years after date of birth	12
☒ Record made 41 through 50 years after date of birth	9
☐ Record made 51 through 60 years after date of birth	6
☐ Record made 61 through 70 years after date of birth	3

RETIREMENT
APR 19 1966
RECEIVED

44 **INSTRUCTIONS FOR COMPLETING THIS FORM:**

Complete all items applicable to the proofs being established. The date of birth and the date of the document must always be completed for each proof of age. If only the age is shown on the document, enter the age and the date of birth established by the document. If the date of the document is not shown, enter the last day of the year estimated to be the date the record was recorded. Also, compute the weight of the document by adding the value placed on the document because of its type to the value placed on the document because of its age and enter the total weight in the spaces provided on the reverse side of this form. If multiple documents are used as proof of age for two or three persons, show a symbol before the type and the age of the document as follows:

APPLICANT	SYMBOL	APPLICANT	SYMBOL
EMPLOYEE	E	WIDOW (WIDOWER)	W
SPOUSE	S	CHILD	C

In a delayed birth registration the weight and date of record should be based on the oldest acceptable evidence used to obtain the delayed birth registration. See the Field Operating Manual or the Retirement Claims Manual for evaluation of proofs.

E. REMARKS AND CERTIFICATION

45 REMARKS:

46 I certify that the data shown on this form was transcribed from document(s) acceptable to the Board.

FIELD OFFICE
[illegible]na Pa

SIGNATURE & TITLE OF TRANSCRIBER
Herbert L. Helsel Contact Representative

SIGNATURE & TITLE OF REVIEWER
[signature] Contact Representative

G-91 (11-64)

459164 PS 355

G-6-A

WESTERN MARYLAND RAILWAY COMPANY

Cumberland, Md., Apr.14th,

STATEMENT OF Stanley Gerant Robertson S. S. NO 705-10-7709

Mr. Hyde: In checking our pay rolls to verify the service months you claim on Form AA-15 (Employees Statement of compensated service rendered prior to January 1, 1937 to employers under the Railroad Retirement Act of 1937) we find you did not receive compensation for the following months:

April-- 1922; August 1925 to February 1926; October 1926 to May 1927

Can you submit any additional information which will aid in the location of records on which your name can be found, or can you recall why you did not receive compensation for the above months?

Mr. Robertson: I did not work during April, 1922.
Was out of service August & September, 1925 but worked as trackman October, 1925 to February, 1926 on Section 29, Hagerstown Division.
I was on furlough October, November and December, 1926, but worked as trackman January to June, 1927 on Section 29, Hagerstown Division.

39

39

S. G. Robertson

Note- Maintenance of Way Department Payrolls have been checked and service claimed in that department has been entered on form AA-2P except Oct. 1925 and January 1927- which months he did not receive compensation.

FORM G-808 (6-66)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

AUTHORIZATION FOR PAYMENT OF PREMIUM BY THIRD PARTY

RRB OR SSA CLAIM NUMBER (COPY FROM PREMIUM NOTICE)

A705-10-7709

FILE ONLY

I hereby authorize TRAVELERS INS.CO to pay premiums for Supplementary Medical Insurance on my behalf to the Railroad Retirement Board or Social Security Administration, as appropriate. I also authorize that agency to send notice of premiums due, and furnish such information as may be necessary to administer this premium payment arrangement, to the above named organization or individual.

Stanley B. Robertson (SIGNATURE) June 27, 1966 (DATE)

G-808 (6-66)

A 705-10-7709 R

NAME OF EMPLOYEE Stanley G. Robertson

EMPLOYEE NUMBER 4542

ms should be made commencing in July, 1966 (MONTH

[X] EMPLOYEE [ ] SPOUSE signing this authorization

[ ] MET. 22000-G (BLE) 01

) [ ] ELAS 16000 (SUNA)

·BRT) [ ] OTHER: _____
NAME

ΓIVE [ ] FURLOUGHED [ ] DISABLED

ıed above in which the employee rendered compensated service or received

June 1966

· Co. _____ BY _____ 7/1/66 DATE

Manag Disbursement Accounting

G-808 (6-66)

mc

RRB FORM G-356a (17-64)

EMPLOYEE - SPOUSE DETERMINATION OF AWARD OR RECORD PRINTOUT

ADMIN. VOUCHER: 02138415

SSA NO. (1): 705-10-7709

RRB NO. (2):

SECT. OF ACT: 2

SUPPLEMENTAL A-999999

TYPE (2) CODE: 100

EMPLOYEE DATA

NAME (14) ADDRESS (22) CITY STATE ZIP CODE (80)

STANLEY G ROBERTSON
39 BLOCKER ST
RIDGELEY W VA 26753

REP PAY

PAYMENT SUMMARY (05-104)

	MO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CURR. PAY	70.00	01-06-68	01-31-68	58.33	58.33
PREV.					

BUSI RECOVERY: REGION 0 AMOUNT .00

TRANS.	PART	RECERT	DATE FILED (3)	VER. DOB. (15)	DOC WT.	EXAM. NO. (42)
X			01-11-68	06-19-00	07	I4542

CRED. YR. MOS. (60) | PIA (97) | TOTAL SS 3-73 (98) | MOS. REDUCED (70): 180 | AMT. SS MOS. (97) | RR MIN. CODE (81)

SERVICE (82)		ASD (82)	RRA MIN. (03)	AMC (93)
YEARS	MOS.			
30	00 12	01-06-68		

ANNUITY (94)		FACTOR	OPTIONAL AMC	C/C
NORMAL	NET			
70.00	70.00			YES

BA# GR PNS RDUCT EE CNT ER CNT EFF DTE
NONE

SPOUSE DATA

NAME (167) ADDRESS (180) CITY STATE ZIP CODE (203)

REP PAY

PAYMENT SUMMARY (221-224)

	MO. RATE	FROM	TO	AMOUNT	NET AMOUNT
CURR. PAY					
PREV.					

FINAL	PARTIAL	RECERT	VER. DOB. (175)	DOC WT. (175)

SECT. OF ACT	FILE DATE (161)	SSA NO. (152)	EXAM NO. (157)	PIA (172)
2				

MOS. REDUCED (217): 180 | ABD (217) | ANNUITY (219): NORMAL | NET

CHILDREN (7): MIN. | DIS. | TOT. | DEP. (7, HUSBAND)

MILITARY SERVICE (13): END 6/60 | SEP. 57 | ACT. SERV. | APT 35

CALL UP TABLE (44)

47		57			
48		58			
49		59			
50		60			
51		61			
52		62			
53		63			
54		64			
55		65			
56		66			
TOTAL				0	

SNE 1 (28): 1111100110

SNE 2 (29): 0102010111

SNE 3 (30): 2120032104

SNE 4 (61): E TICK 99-98-99 9

REMARKS (REASON FOR PRINTOUT) AWARD NOTIFICATION INIT

DATE 02-09-68

EMPLOYEE IN FORCE FINAL
EMPLOYEE ENTITLEMENT DATE HIB 07-01-66 SMIB 07-01-66
SPOUSE JURISDICTION PENDING
PREVIOUS MARRIAGE

```
NO  220-16-5806 06  940                                  0320   00638   52629   X

ACCOUNT  NOP 01 PIAC $ 69.00 FMAX $103.50  SR FW                              PC 2
         LMU 03 PIAP $ 61.00

PAYMENT  PIC A   MPA  $ 53.60  NOB 01  DOC      SCC 51280  CURR PAY

         BERTIE A ROBERTSON      39 BLOCHER ST BX 66       CAD  03/66
         RIDGELEY W VA    26753                                  F/LLOA 2-3

BENEFIT  BIC A   BERTIE     A ROBERTSON      DOB 07/17/97  DDEC 07/59  ORIG
         LAF C  MBP $ 53.60  A  D 11/60

MED INS  DEC   HIFL   /   ENT 07/66   SMFL   /   ENT 07/66
         OP-Y BY-I BC-000 BD-  /   AC-$4.00 DA-$  .00

HISTORY  01/62 $ 45.60  01      01/65 $ 49.60  01      02/68 $ 57.60  01
```

FORM NO. G-175a (8-63) UNITED STATES OF AMERICA RAILROAD RETIREMENT BOARD 844 RUSH STREET CHICAGO, ILLINOIS 60611	NAME OF APPLICANT STANLEY G. ROBERTSON	RRB CLAIM NO.
	FIELD OFFICE ADDRESS ALTOONA PA	SS ACCOUNT NO. 705-10-7709

CERTIFICATION BY APPLICANT FOR AGE ANNUITY

I have a pamphlet (G-175) which tells how work affects an age annuity. The contents have been explained to me.

I understand that:

I MUST TELL THE BOARD IF I GO TO WORK FOR ANY RAILROAD OR OTHER EMPLOYER IN THE RAILROAD INDUSTRY, AND

I MUST TELL THE BOARD IF I GO BACK TO

WORK FOR
THE LAST NON-RAILROAD EMPLOYER FOR WHOM I WORKED BEFORE MY ANNUITY BEGAN.

Stanley G Robertson
(SIGNATURE OF APPLICANT)

This form was signed by the applicant,

in my presence, on 01 (MONTH) 11 (DAY) 68 (YEAR)

at CUMBERLAND (CITY), MD (STATE)

D Hamilton
SIGNATURE OF BOARD REPRESENTATIVE

FORM APPROVED
BUDGET BUREAU NO. 70-R189.2

FORM G-346
(12-54)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD

HUSBAND'S CERTIFICATION

ENTER IN THIS SPACE YOUR RAILROAD RETIREMENT BOARD CLAIM NUMBER IF YOU HAVE BEEN ASSIGNED A NUMBER

IF YOU NEED HELP IN COMPLETING THIS CERTIFICATE, CALL AT, WRITE TO, OR TELEPHONE THE NEAREST FIELD OFFICE OF THE RAILROAD RETIREMENT BOARD

ALL ITEMS MUST BE ANSWERED. RETURN THIS FORM TO THE RAILROAD RETIREMENT BOARD

(DO NOT WRITE IN THIS SPACE)

I, STANLEY G ROBERTSON, 705-10-7709
(PRINT YOUR NAME: FIRST MIDDLE LAST) (SOCIAL SECURITY ACCOUNT NUMBER)

am the husband of BERTIE AMICK ROBERTSON, who as my wife has
(NAME OF WIFE (MAIDEN FIRST NAME) (MAIDEN LAST NAME) (HUSBAND'S LAST NAME))

applied for the spouse's annuity under the provisions of the Railroad Retirement Act.

1. Was your present marriage performed by a clergyman or authorized public official? Yes (YES OR NO)

2. Were you married before your marriage to your present wife? NO (YES OR NO) If "Yes," give the following information about each of your previous marriages:

PREVIOUS MARRIAGE(S)		TO WHOM MARRIED	HOW MARRIAGE ENDED (DEATH, DIVORCE, ANNULMENT)	MARRIAGE ENDED	
DATE	PLACE			DATE	PLACE

3. (a) Are you and your wife living together at the same address? Yes (YES OR NO) (b) If "No," are you contributing to her support? _____ (YES OR NO) If "Yes," state how often and in what amounts _____

(CONTRIBUTIONS MAY BE IN CASH, OR IN KIND, SUCH AS YOUR WIFE LIVING RENT FREE IN A HOUSE WHICH YOU OWN)

(c) If both questions (a) and (b) are answered "No," state why you and your wife are not living together _____

CERTIFICATION: Knowing that anyone who makes any false or fraudulent statement or claim for the purpose of causing an award or payment under the Railroad Retirement Act is committing a crime punishable under that law, I certify that the above statements are true.

NOTE: ..If this certificate has been signed by mark (X), two witnesses who know the husband must sign below, giving their full addresses.

1. _____ (NAME)
_____ (STREET AND NUMBER)
_____ (CITY) _____ (STATE) _____ (ZIP CODE)

2. _____ (NAME)
_____ (STREET AND NUMBER)
_____ (CITY) _____ (STATE) _____ (ZIP CODE)

SIGNATURE OF HUSBAND OF APPLICANT

Stanley G Robertson
(SIGN IN INK OR INDELIBLE PENCIL - DO NOT PRINT)

_____ (STREET AND NUMBER)
_____ (CITY) _____ (COUNTY)
_____ (STATE) _____ (ZIP CODE)

TELEPHONE NUMBER AT WHICH I CAN BE REACHED:
_____ (IF NONE, WRITE "NONE")

DATE SIGNED 01 (MONTH) 11 (DAY) 68 (YEAR)

PENALTIES

.....SECTION 13 OF THE RAILROAD RETIREMENT ACT OF 1937, AMENDING THE 1935 ACT, READS IN PART: "ANY .....INDIVIDUAL.....WHO SHALL KNOWINGLY MAKE OR AID IN MAKING ANY FALSE OR FRAUDULENT STATEMENT OR CLAIM FOR THE PURPOSE OF CAUSING AN AWARD OR PAYMENT UNDER SUCH ACTS, SHALL BE PUNISHED BY A FINE OF NOT MORE THAN $10,000 OR BY IMPRISONMENT NOT EXCEEDING ONE YEAR."

FORM G-181a (10-65)

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
844 RUSH STREET
CHICAGO, ILLINOIS 60611

NAME OF APPLICANT	RRB CLAIM NO.
BERTIE A. ROBERTSON	
NAME OF EMPLOYEE	**SS ACCOUNT NO.**
STANLEY G. ROBERTSON	705-10-7709
FIELD OFFICE ADDRESS	
ALTOONA PA	

CERTIFICATION BY APPLICANT FOR WIFE'S ANNUITY

I have a pamphlet (G-181) which tells how work and certain events affect my annuity. The contents have been explained to me.

I understand that I must tell the Board:

- IF I GO TO WORK FOR ANY EMPLOYER IN THE RAILROAD INDUSTRY,
- IF I GO BACK TO WORK FOR MY LAST NON-RAILROAD EMPLOYER, Celanese Corp., AND
- IF ANY OTHER EVENT OCCURS THAT AFFECTS MY ANNUITY.

Bertie A Robertson
(SIGNATURE OF APPLICANT)

This form was signed by the applicant,

in my presence, on 01 11 68
MONTH DAY YEAR

at Cumberland MD
CITY STATE

H H Cameron
SIGNATURE OF BOARD REPRESENTATIVE

RRB FORM G-91 (11-64)

DESCRIPTION AND CERTIFICATION AS TO ACCEPTABILITY OF EVIDENCE SUBMITTED

1 A: FILE NAME OF EMPLOYEE OR EMPLOYEE APPLICANT: STANLEY G ROBERTSON

B: FILE NAME OF APPLICANT: BERTIE A ROBERTSON

2 DATE	3 CARD NO.	4 SSA NO.	5 SORT CODE	6 RRB CLAIM NO.
011568	01	705-10-7709	3	

7 DOCUMENTS ESTABLISH: *("X" applicable boxes)*

TYPE CODE (COLS. 20-22): 900

		CODE	COLS.
PROOF OF AGE OF EMPLOYEE		0	23
PROOF OF AGE OF SPOUSE OR WIDOW(ER)	X	1	24
PROOF OF AGE OF CHILD		2	25
PROOF OF AGE OF PARENT		3	26
PROOF OF MARRIAGE	X	4	27
PROOF OF RELATIONSHIP		5	28
PROOF OF MILITARY SERVICE		6	29
PROOF OF DEATH		7	30

A. BIRTH, MARRIAGE, AND RELATIONSHIP

8 EMPLOYEE NAME: STANLEY GERANT ROBERTSON

9 DATE OF BIRTH (MO. DAY YR.): | AGE:

10 DATE RECORD MADE (MO. DAY YR.): | 11 WEIGHT OF RECORD:

12 A: IS NAME ON PROOF THE SAME AS THE NAME CLAIMED BY EMPLOYEE? ☐ YES ☒ NO

B: IF NO, CAN NAMES BE RECONCILED WITHOUT AFFIDAVITS? ☒ YES ☐ NO

C: IF ITEM B IS ANSWERED "NO," ATTACH AFFIDAVITS.

13 SPOUSE OR WIDOW(ER) NAME: BERTIE VIRGINIA SUNDERLAND

14 DATE OF BIRTH (MO. DAY YR.): 07 17 97 | AGE: 23

15 DATE RECORD MADE (MO. DAY YR.): 03 01 21 | 16 WEIGHT OF RECORD: 20

17 A: IS NAME ON PROOF THE SAME AS THE NAME CLAIMED BY APPLICANT? ☐ YES ☒ NO

B: IF NO, CAN NAMES BE RECONCILED WITHOUT AFFIDAVITS? ☒ YES ☐ NO

C: IF ITEM B IS ANSWERED "NO," ATTACH AFFIDAVITS.

18 CHILD, PARENT, OR OTHER NAME:

19 DATE OF BIRTH (MO. DAY YR.): | AGE:

20 DATE RECORD MADE (MO. DAY YR.): | 21 WEIGHT OF RECORD:

22 A: IS NAME ON PROOF THE SAME AS THE NAME CLAIMED BY APPLICANT? ☐ YES ☐ NO

B: IF NO, CAN NAMES BE RECONCILED WITHOUT AFFIDAVITS? ☐ YES ☐ NO

C: IF ITEM B IS ANSWERED "NO," ATTACH AFFIDAVITS

23 PLACE OF MARRIAGE (CITY AND STATE): CUMBERLAND, MD

24 DATE OF MARRIAGE (MO. DAY YR.): 03 01 21

25 NAME OF FATHER:

26 MOTHER'S MAIDEN NAME:

B. MILITARY SERVICE

27 NAME OF PERSON AS SHOWN ON EVIDENCE:

28 DATE OF BIRTH OR AGE:

29 DATE BIRTH OR AGE RECORDED:

30 RANK:

31 BRANCH (ARMY, NAVY, ETC):

32 SERIAL NO.:

33 DATE ENLISTED OR INDUCTED:

34 DATE ENTERED ACTIVE DUTY:

35 DATE DISCHARGED OR RELEASED FROM ACTIVE DUTY:

36 MEANS OF ENTRY INTO SERVICE: ☐ INDUCTED ☐ CALLED FROM INACTIVE DUTY ☐ ENLISTED ☐ RE-ENLISTED ☐ COMMISSIONED

37 CHARACTER OF DISCHARGE:

38 KIND OF DOCUMENT:

C. DEATH

39 NAME OF DECEASED AS SHOWN ON EVIDENCE:

40 DATE OF DEATH:

41 PLACE OF DEATH (CITY AND STATE):

42 KIND OF DOCUMENT ☐ DEATH CERTIFICATE

D. WEIGHT COMPUTATION AND INSTRUCTIONS

43 TYPE OF DOCUMENT ("X" applicable box)	VALUE	AGE OF DOCUMENT ("X" applicable box)	VALUE
☐ Civil Record of Birth ☐ Church Record of Birth or Baptism ☐ Notification of Registration of Birth ☐ Hospital Birth Record or Certificate	30	☐ Record made within 1 year of date of birth	24
☐ Physician's or Midwife's Birth Record ☐ Bible or other Family Record	25	☐ Record made 1 through 10 years after date of birth	21
☐ Naturalization Record ☐ Military Record ☐ Immigration Record ☐ Passport	20	☐ Record made 11 through 20 years after date of birth	18
☐ School Record ☐ Vaccination Record ☐ Insurance Record	15	☒ Record made 21 through 30 years after date of birth	15
☐ Labor Union or Fraternal Record ☐ Employer's record ☐ Census or Draft Registration Record	10	☐ Record made 31 through 40 years after date of birth	12
☒ Other Records Not Classified Above (Specify) MARRIAGE Records	5	☐ Record made 41 through 50 years after date of birth	9
		☐ Record made 51 through 60 years after date of birth	6
		☐ Record made 61 through 70 years after date of birth	3

RECEIVED JAN 17 1968 Railroad Retirement Board Mail Room Section

44 **INSTRUCTIONS FOR COMPLETING THIS FORM:**

Complete all items applicable to the proofs being established. The date of birth and the date of the document must always be completed for each proof of age. If only the age is shown on the document, enter the age and the date of birth established by the document. If the date of the document is not shown, enter the last day of the year estimated to be the date the record was recorded. Also, compute the weight of the document by adding the value placed on the document because of its type to the value placed on the document because of its age and enter the total weight in the spaces provided on the reverse side of this form. If multiple documents are used as proof of age for two or three persons, show a symbol before the type and the age of the document as follows:

APPLICANT	SYMBOL	APPLICANT	SYMBOL
EMPLOYEE	E	WIDOW (WIDOWER)	W
SPOUSE	S	CHILD	C

In a delayed birth registration the weight and date of record should be based on the oldest acceptable evidence used to obtain the delayed birth registration. See the Field Operating Manual or the Retirement Claims Manual for evaluation of proofs.

E. REMARKS AND CERTIFICATION

45 REMARKS:

46 I certify that the data shown on this form was transcribed from document(s) acceptable to the Board.

UNIT OR FIELD OFFICE
ALTOONA PA
311

SIGNATURE & TITLE OF TRANSCRIBER
Contact Representative

SIGNATURE & TITLE OF REVIEWER
Contact Representative

G-91 (11-64)

FORM RR-4f (3-66)

RAILROAD RETIREMENT BOARD

REQUEST FOR SSA BENEFIT AND E/R INFORMATION

1 ☐ EMPLOYEE ☒ SPOUSE ☐ SURVIVOR ☐ DISABLED CHILD

$ _____ SSA RATE $ _____ RRB RATE

NAME AND ADDRESS
Bertie A Robertson
39 Blocker St
Ridgeley, W Va 26753

2 RRB CLAIM NO. A-705-10-7709

3 DATE RELEASED 01-15-68

4 SOCIAL SECURITY ACCOUNT NO. 220-16-5806

5 DATE OF BIRTH 07-17-97 ☐ DIB

6 POTENTIAL AUXILIARY BENEFICIARIES ☐ WIFE
CHILD: ☐ UNDER AGE 18 ☐ DISABLED ☐ STUDENT

7 NAME ON SSA CARD TELEPHONE NO. 738-9656

8 ☐ RR-90 ATTACHED ☒ NOT REQUIRED

9 D/O STATUS REPORT DUE DATE 02-29-68

10 REMARKS W/E Spouse: Stanley G Robertson

11

DATE RELEASED TO SSA 01-15-68

UNIT District Office - Altoona, Pa (311)

EXAMINER'S SIGNATURE J. H. Hamilton

RRB

Claim File Copy

FORM RR-4 SUP. (3-66)

RAILROAD RETIREMENT BOARD
DISPOSITION REPORT OF FORM RR-4

1 ☐ EMPLOYEE ☒ SPOUSE ☐ SURVIVOR ☐ DISABLED CHILD

$ _____ SSA RATE $ _____ RRB RATE

NAME AND ADDRESS
Bertie A Robertson
39 Blocker St
Ridgeley, W Va 26753

2 RRB CLAIM NO. A-705-10-7709

3 DATE RELEASED 01-15-68

4 SOCIAL SECURITY ACCOUNT NO. 220-16-5806

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7 NAME ON SSA CARD TELEPHONE NO.
738-9656

8 ☐ RR-90 ATTACHED ☒ NOT REQUIRED

9 D/O STATUS REPORT DUE DATE 02-29-68

10 REMARKS
W/E Spouse: Stanley G Robertson

11 DISPOSITION BY DP & A
INFORMATIONAL ☑ P.C. Phila. Pa. 19108
on 2/27/68 (CITY) (STATE) (ZIP CODE)

RR-4 SENT TO:
☐ D/O _____
(STREET ADDRESS)
_____
(CITY) (STATE) (ZIP CODE)

INFORMATIONAL OA-0794 ATTACHED ☑ BY C. Higgins DATE 2/27/68

Return This Form To:

Railroad Retirement Board

FORM OA-C794 (3-67)

EARNINGS CERTIFICATION - P.I.A. DETERMINATION

1 ACCOUNT IDENTIFICATION

ACCOUNT NUMBER	NAME	DATE OF BIRTH MO DAY YR	SEX
220 16 5806	ROBERT	07 17 97	M

MULTIPLE AN'S

PERTINENT DATES

FILING MO DAY YR	DEATH MO DAY YR	ONSET MO DAY YR	MO ELECT MO YR
01 02 68			

MILITARY SERVICE DATES: FROM / TO

LAG INFORMATION: TYPE | PERIOD | AMOUNT USED | TYPE | PERIOD | AMOUNT USED

WORK DED AND SUSPENSION INFORMATION: YR | AMOUNT | SERVICE MONTHS

5 RDPA CAUTION SIGNALS

CA	ED	X	NOT INS	CR IND EN	CR IND CC	SS AG INV	P L	EDP CODES	O R	FD IND	101	OTHER	TYPE OF ACTION	BLOCK NUMBER
								00361 16			01	SS	RET	5452672XS

6 BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR BD	LAST BASE YR OR CD	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-D YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR
OSDOELG	1936	1959	13575 42		5	204	8	17		61.10	69 00

2 SELECTED CDP BENEFIT COMPUTATION AND TRIAL COMPUTATIONS

TYPE	FIRST BASE YR OR BD	LAST BASE YR OR CD	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-D YRS	D/M	I/Y	MS MOS INCL	PIA RETRO	PIA CURR
OS 67	1937	1966	13575.42		37-60	228			63.20	71.50
NS 65	55.00	NS DO ELG	55.00							
OS DO ELG	73.80									

FIXED MOD | REDUCED BENEFITS

7 I CERTIFY THAT THE BENEFIT DATA IN BLOCKS 2, 5, AND 6 ARE CORRECT ACCORDING TO THE LAW ON THE DATE OF THE RECORDS OF THE SOCIAL SECURITY ADMINISTRATION AND RECORDS RECEIVED FROM THE RAILROAD RETIREMENT BOARD.

INFORMATIONAL

J. CARMODY, DEPUTY DIRECTOR — DATE 2/27/68 — BY C. Higgins

CORRECTIONS IN BLOCKS 3 AND 4

3 EARNINGS RECORD DATA

QUARTER OF COVERAGE TESTS

REQ QC	FULLY INS	FIRST ELIG	MISC	CURR INS	NOT INS TOT QC	NOT INS MAX NR	20/40 TEST
8	39	59					

QC AND EARNINGS TOTALS

TOT NR QC	TOT AG QC	WAGE QC AFTER 45	WAGE QC AFTER 50	TOTAL EARNINGS AFTER 1936	TOTAL EARNINGS AFTER 1950
		23	10	13575.42	1885.10

YR	EARNINGS	U	QC/SM	YR	EARNINGS	U	QC/SM	EE	AG	YR	EARNINGS	U	QC/SM	EE	AG
37	1298.93	H		48		H				59			NNNN	0	0
38	1298.93	H		49		H				60			NNNN	0	0
39	1298.93	H		50		X				61			NNNN	0	0
40	1298.93	H		51	111.00	H		0		62			NNNN	0	0
41	1298.92	H		52	866.00	H		0		63			NNNN	0	0
42	1298.92	H		53	636.00	H	CCCN	0		64			NNNN	0	0
43	1298.92	H		54		X	NNNN	0		65			NNNN	0	0
44	1298.92	H		55	272.10	H	CCNN	0	0	66			NNNN	0	0
45	1298.92	H		56			NNNN	0	0	67			NNNN	0	0
46		H		57			NNNN	0	0	68			NNNN	0	0
47		H		58			NNNN	0	0	69					

8 PERTINENT RRB INFORMATION

NAME	DD MO YR	YLW	1937 TO DATE 6M	1937 TO DATE COMPENSATION	GROSS RESIDUAL

INV	1/2	ANN	RMEL	RFLN	RR-89	OTHER

9 DO, PC OR BDI REMARKS

RDPA REMARKS

A CLAIM STATUS

☐ LAG QC PRESUMED FOR _____

PRIOR ACTION ☐ OASI ☐ DISABILITY

TO _____ DATE _____

☐ SEE SCOUT REPORT ATTACHED

4 AUXILIARY OR SURVIVOR BENEFIT DATA

ACCOUNT NUMBER	DATE OF BIRTH MO DAY YR	MO ELECT MO YR	RELATIONSHIP MO DAY YR	RELATIONSHIP TYPE	XR ACCOUNT NUMBER	STAT	LUMP SUM	FAMILY COMPOSITION

SYMBOLS	ORIGINAL BENEFIT RETRO	ORIGINAL BENEFIT CURR	ADJUSTED BENEFIT RETRO	ADJUSTED BENEFIT CURR	COMBINED PAYMENTS SYM	COMBINED PAYMENTS RETRO	COMBINED PAYMENTS CURR	FAMILY MAXIMUM RETRO	FAMILY MAXIMUM CURR

10 DO, PC OR BDI CORRECTED BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR BD	LAST BASE YR OR CD	DIVIDEND	DISAB E/Y EXCL	ELAPSED PD OR D-D YRS	D/M	I/Y	QC	MS MOS INCL	PIA RETRO	PIA CURR

DAILY HIB AUXILIARY REFERRALS - MAR 2, 1968

THIRD PARTY PREMIUM PAYMENT-POSSIBLE REFUND

FILE ONLY

PREFIX	CLAIM NO.	CODE NAME	BENEFICIARY	SEQ. DAY	BATCH	PREMIUM
A	705-10-7709		EMPLOYEE	061	051	3.00

DATE OF DEATH	THIRD PARTY	RETURN CD	REC CNT	ACCR/DEL CD	POSTMARK DT
	TRAVELERS	E	0		FEB 1968

MASTER RECORD MISC.

PREFIX	CLAIM NO.	W/E SSA NO.	BENEFICIARY	SEX	JURISDICTION	GEO. CODE
A	705-10-7709	705-10-7709	EMPLOYEE	MALE	RRB	150

WID-SP SSA NO.	SMIB ELECTION	SMIB RATE	THIRD PARTY	DATE SMIB TERM
	1ST ENROLLMENT	3.00	TRAVELERS	

EFF HIB DATE	EFF SMIB DATE	G-44/ID STAT.	STANLEY G ROBERTSON
JUL 1966	JUL 1966	ID RELD-HI/SMI	39 BLOCKER ST
			RIDGELEY W VA 26753

DATE OF BIRTH	REPRESENT PAYEE	RECORD STATUS
06-19-00		DROP

SMIB PAID THRU	DELINQ. MC.	EXCESS PAYMT.	MO. ANNUITY	DATE HIB TERM.
JAN 1968	APR 1968			

ZIP CODE 26753

THIRD PARTY
ACCOUNT CREDITED

MAR 1968

DAILY HIB AUXILIARY REFERRALS - MAR 29, 1968

THIRD PARTY PREMIUM PAYMENT-NO MASTER RECORD

FILE ONL

PREFIX	CLAIM NO.	CODE	NAME	BENEFICIARY	SEQ.	DAY	BATCH	PREMIUM
A	705-10-7709			EMPLOYEE		089	051	

DATE OF DEATH	THIRD PARTY	RETURN CD	REC CNT	ACCR/DEL CD	POSTMARK DT
	DELETION	E	1		MAR 1968